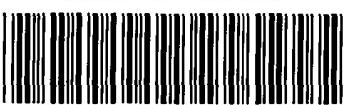


Index of Claims				Application No.	Applicant(s)
				09/991,848 Examiner Jermele M. Hollington	ANDOH, HAJIME Art Unit 2829
<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> = Allowed		<input type="checkbox"/> – (Through numeral) <input type="checkbox"/> + Cancelled		<input type="checkbox"/> N Non-Elected <input type="checkbox"/> I Interference	<input type="checkbox"/> A Appeal <input type="checkbox"/> O Objected
Claim	Date			Claim	Date
Final Original	6/3/03			Final Original	
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